EXHIBIT 28



STATEMENT OF ACCOUNT

CHARTER OAK TRUST WAYNE H BURSEY TRUSTEE AMANDA ROSSI TRUSTEE 100 GRIST MILL RD SIMSBURY CT 06070

 Rage:
 1 of 3

 Statement Period:
 Dec 10 2009-Dec 31 2009

 Cust Ref #:
 4244042381-720-T-###

 Primary Account #:
 424-042381

Business Convenience Checking CHARTER OAK TRUST WAYNE H BURSEY TRUSTEE AMANDA ROSSI TRUSTEE

Account # 424-4042381

KEEPING YOU INFORMED

EARLIER THIS YEAR WE COMMUNICATED TO YOU THAT WE WOULD BE CHANGING THE ORDER IN WHICH WE POST YOUR DAILY TRANSACTIONS TO YOUR ACCOUNT. THIS CHANGE WILL NOT BE GOING INTO EFFECT AT THIS TIME. INSTRAD, WE WILL CONTINUE TO USE OUR CURRENT METHOD OF POSTING CREDITS FIRST, FOLLOWED BY DEBITS, WITH DEBITS SORTED FROM LARGEST TO SMALLEST. OUR POSTING ORDER MAY CHANGE IN THE FUTURE.

ACCOUNT SUMMARY			
Beginning Balance	0.00	Average Collected Balance	0.00
Ending Balance	0.00		
DAILY ACCOUNT ACTIVITY			·

No Transactions this Statement Period

Call 1-800-YES-2000 for 24-hour Direct Banking service

BANK DEPOSITS FDIC INSURED

WWW.TDBANK COM



BANK & TRUST 300 Delaware Ave Suite 714 Wilmington DE 19801

Account Officer: Deborah L. Lutes Contact Phone Number: 302-888-7438

Investment Officer. Directed Account Contact Phone Number:

Cover Page

Statement of Value and Activity

January 31, 2008 - December 31, 2008

Christiana Bank & Trust Company Trustee for Avon Insurance Trust CH125162-0

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Transaction Detail	
Messages and Notices	S

Charter Oak Trust
ATTN: Amanda Rossi
100 Grist Mill Road
Simsbury, CT 06070

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Avon Insurance Trust

Charles Das Trass

APT CH125182-0

01/01/2008 12:25:12

Page 1 of 7



Account Summary

Statement of Value and Activity

January 31, 2008 - December 31, 2008

Market Value Reconciliation

	This Period	1/1/08 to 12/31/08
Beginning Market Value	\$0.00	\$0.00
Additions	\$0.00	\$0.00
Distributions	\$0.00	\$0.00
Fees/Expenses/Taxes	\$0.00	\$0.00
Income	\$0.00	\$0.00
Capital Gains Distributions	\$0.00	\$0.00
Non Cash Asset Changes	\$0.00	\$0.00
Asset Transfers	\$0.00	\$0.00
Change in Market Value	\$0.00	\$0.00
Ending Market Value	\$0.00	\$0.00
Realized Gains/Losses	\$0.00	\$0.00
(Included in Total Above)		

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Asset	

Statement of Value and Activity

January 31, 2008 - December 31, 2008

Asset Detail

Description	Shares/Par Value	Current Price	Market Value	Unrealized G/L	Tax Cost	Tax Cost Est. Ann. Income
Miscellaneous Sundry JP PO. #J15573516 V&S Miller CUSIP: IP3973787	1.00	0.00	\$0.00	-\$1.00	\$1.00	\$0.00
Total Miscellaneous			\$0.00	-\$1.00	\$1.00	\$0.00
Total All Accate			\$0.00	-\$1.00	\$1.00	\$0.00

Transaction Summary

Statement of Value and Activity

January 31, 2008 - December 31, 2008

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Control Cash		80.00	\$0.00	\$0.00	\$0.00	\$0.00	80.00	\$0.00	•	20:00	20.00	80.00	\$0.00	\$0.00	\$0.00	\$0.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$0.00	\$0.00	\$0.00	\$0.00	00'0\$
SO.00		\$ 0.00	00.0\$	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		90.0¢	\$0.00	20:00	80.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	80.00
Tansacuon category Beninning Cash Balance on 1/1/08	Receipts	Dividend Income	Other Income	Interest income	Additions	Capital Gains Distributions	Tax Exempt Dividends & Interest	Total Receipts	Disbursements	Distributions	Fees	Expenses	Taxes	Total Disbursements	Purchases	Sales/Maturities	Asset Transfers	Free Receipts	Free Deliveries	Total Asset Transfers	Other	Ending Cash Balance on 12/31/08

Page 4 of 7

Transaction Detail

Statement of Value and Activity

January 31, 2008 - December 31, 2008

No activity this period.

Page 5 of 7

Messages and Notices

Statement of Value and Activity

January 31, 2008 - December 31, 2008

About Your Account Statement

Your Activity Summary: A summary of cash flow and earnings received in your portfolio during the statement period and calendar year-to-date.

Beginning/Ending Market Value: The total market value of investments (including any cash balance) held by your portfolio at the end of the prior statement period and at the end of the current statement period.

Additions: Any contributions of cash to your portfolio.

Withdrawals: Any disbursements of cash from your portfolio, including charges relating to fees paid from this account for investment management or account administration services.

Income: The dividends and interest received from investments held by your portfolio.

Security Transfers: The net market value of securities transferred in or out of your portfolio and other miscellaneous non-cash investment activities.

Change in Market Value: The change in the total market value of your investments from the beginning to the end of the statement period. This includes corporate actions that affect your holdings. Your Asset Allocation Summary: A graphical illustration of your investment allocation by asset class, accompanied by a tabular listing of your allocation by asset class. as of the end of the statement period.

The Value of Your Portfolio Investments: A table detailing each investment in your portfolio (including any cash balance), with subtotals by asset class and a grand total for your portfolio, as of the end of the statement period

Shares/Par Value: The number of units held by your portfolio as of the end of the period.

Current Price: For equity securities, the price of one unit as of the end of the period. For fixed income securities, the percentage of face value as of the end of the

Market Value: The value of an asset as of the end of the period.

Cost Basis: The net amount of cash, including commissions and dividends received, paid for the asset.

Unrealized Gain/Loss: The difference between market value and the cost of the asset at acquisition.

Messages and Notices (continued)

Statement of Value and Activity

January 31, 2008 - December 31, 2008

About Your Account Statement (continued)

distributions. There is no guarantee with regard to future dividend distributions and a stock may cease to distribute dividends at any time. SEI cannot guarantee the Please note that the Annual Income Estimate is based off of the most recent quarterly dividend paid per security and is purely an estimate of future dividend Estimated Annual Income: An estimate of the yearly income or dividend payments that will be made to an account for a particular security holding. accuracy or completeness of this information.

Individual Portfolio "(i)": Income transactions and Invested Income assets.

Your Portfolio Activity Detail: A ledger of your portfolio transactions.

Units: Based on the type of activity, either the number of units that received a cash distribution (such as a dividend or interest payment), the number of units purchased/acquired, or the number of units sold/withdrawn.

Value/Unit: The purchase/sale/reinvestment price for one unit of the transaction.

Cash Amount: The total amount of dollars disbursed or received from the transaction.

Realized Gain / Loss: The difference between the original cost vs. the net proceeds of a sold security. If the proceeds exceed the cost, a gain is realized. If the cost exceeds the proceeds, a loss is realized.

Messages and Notices (continued)

Statement of Value and Activity

January 31, 2008 - December 31, 2008

NOTICE OF PRIVACY PRACTICES

Important Information About the Personal Data Your Bank Collects, and How It Is Used

Christiana Bank & Trust Company 3801 Kennett Pike, Suite C-200 Greenville, DE 19807 (302) 421-5800 www.christianabank.com To assure the continued privacy and confidentiality of your personal financial information, your bank observes these practices and procedures:

Information We Collect

We collect nonpublic information about you from some or all of the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and,
 - Information we receive from a consumer reporting agency.

Information We Disclose

We do not disclose any nonpublic personal information about our customers and former customers to affiliates or non-affiliated third parties except as permitted by law.

Our Security Measures

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or Services to you. We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your nonpublic Personal information.

Customers and members of the public may receive copies of this notice of privacy practices by contacting us.

This notification meets the notification requirements of the joint regulatory agencies final rules on privacy of consumer information, 15 USC. 680.

Avon Insurance Trust - Account # CH125162-0

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D	orm epartme ternal R	nt of the Treasury evenue Swrice	beginnin)			or calendar yea			·····				2004
	Chec		Use	Name	*								B Employe	er Identification number
1	Conso (attach	lidated return Form 851)	IRS label.			GROUP,						ı		0607866
	Person	al holding co	Other-	Number	, street, ar	nd room or si	uite no. If a P.(), box, see	page 9 of	instructions.			C Date inc	
3	Person	al service corp	wise,				ILL RD					1	08/3	30/2002
4	Schedu	structions) ile M-3 required	print 6, type.	City or to	own, state	, and ZIP coo	de						D Total as	sets (see page 8 of instr.)
	-	Sch. M-3)				JRY. C							\$	0
E				(2)	Final retur		Name chang		Addre	ess change				
	1	a Gross receipts or s					s returns and allo				c Bal			
	2		old (Schedu	le A, line	8)				*********		**********	2		
	3	Gross pront Sui	otract line 2	from line	1c	*************		***********	*********	*******		3		
	4	Dividends (Sche	dule C, line	19)		**********	************			***************		4		
စ္	5			*********	*******	************	*************		********			5		
Income	6	Gross rents			********	********	************			*****		6		
Ĕ		Gross royalties	********			.,						7		
	8	Capital gain net i	ncome (atta	ich Sched	Jule D (Fo	rm 1120))						8		
	9	THE PROPERTY OF LANGE) from Forn	14797, P	art II, line	17 (attach Fo	orm 4797)	**********	• • • • • • • • • • • • • • • • • • • •	*******		9		
	10	Other income (at	tach sched	ıle)	***********	*********			*******			10		
	11	Total income. A	idd lines 3 t	hrough 1	<u> </u>							- 11		
	12	Compensation of	f officers (S	chedule E	, line 4)	***********	************	************			************	12		
	13	Salaries and wag	es (less em	ployment	credits)		**************	**********		~~~~		13		
	14	Repairs and mair	ntenance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				• • • • • • • • • • • • • • • • • • • •		14		
	15	Bad debts					************	********	****	********		15		
	16	Hents		••••		************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*******		16		
	17		es	******	*******	******			*************	*************		17		
	18			*********	*********	************						18	ļ	
S	19	Charitable contrib	outions			····	**********	,,.,	777777	*****************	***********	19	ļ	·
Deductions	20	Depreciation (atta	ich Form 4:	062)		********			20			-		
ğ	21 22											21b	ļ	· · · · · · · · · · · · · · · · · · ·
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	24	•	oring oto	nlane	***********	******	e e eleta, elete la lajardi e e eleta a la	**********	***********			23	<u> </u>	
		Pension, profit-st	nronrame	pians	**********	************	***************************************	••••••			***********	24	 	·
	26	Other deductions	mployee benefit programs Other deductions (attach schedule)								************	25	<u> </u>	
	27	Total deductions	Add lines	12 through	nh 26	************		************	********	************				
	28	Taxable income befo	re nel operati	na loss dec	hae anitauk	special rieduct	iona Rubtrart lie	p 97 from lin		**********	>	28	1	0.
		Less: a Net ope					·····		29a		************	20	 	<u>U•</u>
			deductions				************		29b			290		
,	30	Taxable income.							<u> </u>			30	1	0.
	31	Total tax (Sched	dule J, line	l1)		**************	•••••			**************	***********	31		0.
sq.	32	Payments: a 200 credited to 2004	33 overpayme	nt	32a				100					
ent	ь	2004 estimated ta	x payments		32b				1 .	4 1 1		l		
Ē	C	on Form 4468	oned for		32c ()	d Bal 🕨	32d					
ax and Payments		Tax deposited with		*******		*****			32e				l	
aŭ		Credit for tax paid							32f					
ă		Credit for Federal (********	32g			32h		
_		Estimated tax pena				•					. ▶ 🔲	33		
		Tax due, if line 32							*******	***********		34		0.
		Overpayment, If li						nount overp	oaid	***********		35		
	36	Enter amount of lin	18 35 YOU W	ant: Cred	ited to 20	05 estimate	d tax		da d . d .	Refun	ded 🕨	36		
Sig	n ,	Under penalties of p correct, and comple	te. Declaratio	n of prepar	er (other tha	n taxpayer) is t	ased on all infor	mation of wh	ich preparer	has any knowled	ge.	Knowled	ige and belie	ef, it is true, the IRS discuss this
Hei	е				_	$\neg \mid$								the IRS discuss this i with the preparer in below?
		Signature of office	:er /	$\overline{2}$		Da	te	Title		······································				Yes No
בוסם		Preparer's signature	1/4	UNAS	2/2		- CPA	Date /	31/05	Check if self-emp	oved [arer's SSN c	
Paid Prep	arer's		SIMAO		ACCA	(/\/) / & LAR			31/0 <u>5</u>					5-9398
Jse (self-employed)		APIT		W LAK		LP /		 -	hone no.		2 2	586075
		address, and	ROCKY							Ľ		(86	0 / 52	<u> 39-5600</u>

For	n 1120 (2004) NOVA GROUP, INC.						81-	0607866 Page
	Schedule A Cost of Goods Sold (see page 17							
1	Inventory at beginning of year						1	
2	Purchases	*******************************			*************		2	
3	Cost of labor	*;********************			*************		3	
4	Additional section 263A costs (attach schedule)	*******************************		(+++)(++++++++++++++++++++++++++++++++	*******************		4	
5	Other costs (attach schedule)			•••••			5	
6	Total, Add lines 1 through 5	*******************			*************		6	
7	Inventory at end of year					1	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here a	ind on page 1, line 2		*********		L	8	
9 a	Check all methods used for valuing closing inventory:							
	(i) Cost as described in Regulations section 1.471-							
	(ii) Lower of cost or market as described in Regulat							
	(iii) Uther (Specify method used and attach explanat	ion.) 🕨		****				
b	Check if there was a writedown of subnormal goods as desc	cribed in Regulations sec	tion 1.	471-2(c)	************			▶□
C	Check if the LIFO inventory method was adopted this tax year	ar for any goods (if check	ced, at	tach Form	970)	*********	**********	▶□
d	If the LIFO inventory method was used for this tax year, ente	er percentage (or amoun	is) of			1	1	
	closing inventory computed under LIFO	*******************		•••••	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9d	*
e	If property is produced or acquired for resale, do the rules of	f section 263A apply to t	he cor	poration?				Yes No
f	Was there any change in determining quantities, cost, or val	uations between opening	and c	losing inve	ntory?			
	If "Yes," attach explanation	***************			***************************************			Yes No
6	chedule C Dividends and Special Deduc	tions (see page 18 of			Dividends		(0)	Special deductions
	instructions)				eceived	(b) %	6 ``'	(a) x (b)
1	Dividends from less-than-20%-owned domestic corporations	that are subject to the			·			· · · · · · · · · · · · · · · · · · ·
	70% deduction (other than debt-financed stock)					70		
2	Dividends from 20%-or-more-owned domestic corporations to		•••••					
	80% deduction (other than debt-financed stock)					80	.	
	Dividends on debt-financed stock of domestic and foreign corporations (s				***************************************	see		
	Dividends on certain preferred stock of less-than-20%-owned public utilif					42	ons	
						48	_	····
R	Dividends on certain preferred stock of 20%-or-more-owned public utilitie Dividends from less-than-20%-owned foreign corporations and certain FS that are subject to the 20% detailing.	SCs	*****			70		· · · · · · · · · · · · · · · · · · ·
7	that are subject to the 70% deduction Dividends from 20%-or-more-owned foreign corporations and certain FSC that are subject to the 80% deduction	3	•••••			80		
8	Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****					
9	Total. Add lines 1 through 8	************************	17171			100	+-	
10	Dividends from domestic corporations received by a small bus	Inace Investment	*****				-	
10	company operation under the Small Rucinese Investment Anti-	11055 HIVESTITIENT				100	İ	
11	company operating under the Small Business Investment Act of Dividends from affiliated group members and certain FSCs that are subject to the 100% deduction	1990				100		
12	are subject to the 100% deduction Dividends from controlled foreign corporations subject to the 85% deduction (attach Form 8895)	************************************				100		
14 3	85% deduction (attach Form 8895)	.,,,	·····			85	 	
10	Other dividends from foreign corporations not included on lines 3, 6, 7, 8,	11, or 12				_		
	ncome from controlled foreign corporations under subpart F (attach Form)							
10 1	Foreign dividend gross-up (section 78)	e e le e foreje kare a ele a cele i raj kien a naliju a pûja pê			1			
	C -DISC and former DISC dividends not included on lines 1, 2, or 3 (section)							
	Other dividends				4			•
18 1	Deduction for dividends paid on certain preferred stock of publ	ic utilities	·:	*			-	
19	Total dividends. Add lines 1 through 17. Enter here and on pa	ge 1, line 4				1		
	randaman fali da da adam a Add Barrain do do de do sa 1900 filo							
4 2	Total special deductions. Add lines 9, 10, 11, 12, and 18. En							······································
S	chedule E Compensation of Officers (see Note	instructions for page 1, line 1 : Complete Schedule E only	2, on p	age 13 of ins eccipts (line	tructions) la plus lines 4 thro	ugh 10 on page	9 1) are \$500	0.000 or more.
		(b) Social security	(c)	Percent of	Percent of c	orporation		
	(a) Name of officer	number		e devoted business	stock o	T	_	(f) Amount of compensation
			10	Dusilless	(d) Common	(e) Preterre	0	
<u>.l</u>			+					
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			 			<u> </u>		
		<u> </u>	1			<u> </u>		
2 1	otal compensation of officers		*******	************		************		
3 (compensation of officers claimed on Schedule A and elsewhere	on return						
1161	subtract line 3 from line 2. Enter the result here and on page 1,	line 12	******					
	A. JWA							Enra 1190 (2004)

Schedule J Tax Computation (see spage 20 of instruction) Chick time composition is named and controlled group, see spage 20 of instructions Chick time composition is a marked or a controlled group, see spage 20 of instructions Chick time composition is a marked or some controlled group, see spage 20 of instructions Chick time composition (see the composition of		n 1120 (2004) NOVA GROUP, II					8	1-06078	66	Page 3
Inspectant Mambers of a controlled group, see page 20 of Instructions. 2 If the box of line 1 is checked, entire the corporation share of the \$50,000, \$25,000, and \$89,925,000 taxable locked from the composition of the co	S						<u> </u>	Y		
2.2 If the box on line 1 is checked, either the corporation's share of the \$50,000, \$25,000, and \$3,925,000 taxable income bands (in that other). (1) Secondary States of: (1) Additional 5% tax (not more than \$11,750) 3 income tax. Check if a qualified personal service corporation under section 448(d)(2) 4 Alternative minimum tax (attach form 4626) 4 Alternative minimum tax (attach form 4626) 5 Add lines 3 and 4 6 Foreign hax credit (lettach form 4626) 6 Foreign hax credit (lettach form 5735) 6 Click (□ Mononoveridual source bet credit □ CPV credit (lettach form 8834) 6 Endergh hax credit (lettach form 5735) 6 Click (□ Mononoveridual source bet credit □ CPV credit (lettach form 8834) 6 Endergh hax credit (lettach form 5735) 6 Click (□ Mononoveridual source bet credit □ CPV credit (lettach form 8834) 6 Endergh hax credit (lettach form 5735) 7 Total credits, Add lines 63 through 16 8 Subtace line 7 from fine 5 9 Personal holding company tax (ottach 654edde PH (Porm 1120)) 10 Other hazes, Check if from: 11 Total tax, Add lines 63 through 16 8 Subtace line 7 from fine 5 9 Personal holding company tax (ottach 654edde PH (Porm 1120)) 10 Other hazes, Check if from: 11 Total tax, Add lines 63 through 16 8 Subtace line 7 from fine 5 9 Personal holding company tax (ottach 654edde PH (Porm 1120)) 10 Other hazes, Check if from: 11 Total tax, Add lines 63 through 16 8 Subtace line 7 from fine 5 9 Personal holding company tax (ottach 654edde PH (Porm 1120)) 10 Other hazes, Check if from: 11 Total tax, Add lines 63 through 16 8 Subtace line 7 from fine 5 9 Personal holding company tax (ottach 654edde PH (Porm 1120)) 10 Other hazes, Check if from: 11 Total tax, Add lines 63 through 16 8 Subtace line 7 from fine 5 9 Personal holding company tax (ottach 654edde PH (Porm 1120)) 10 Other hazes, Check if from: 11 Total tax, Add lines 63 through 16 8 Subtace line 7 from fine 5 9 Personal holding company tax (ottach 654edde Ph (Porm 1120)) 10 Other hazes, Check if from: 10 Other hazes, Check	1				l and 1563)	▶∟				
Second to protect (a that horize):		Important; Members of a controlled group, see page 20 of inst	ructions	3.						
(1) S Easter the corporation's share of: (1) Additional 5% tax (not more than \$11,750) S S 3 income fact. Check If a qualified personal service or oproration under section 448(d)(2) (see page 21)	2	If the box on line 1 is checked, enter the corporation's share of	the \$50	,000, \$	25,000, and \$9,925,000 taxable					
(1) S Easter the corporation's share of: (1) Additional 5% tax (not more than \$11,750) S S 3 income fact. Check If a qualified personal service or oproration under section 448(d)(2) (see page 21)		income brackets (in that order):								
b Enter the corporallon's share of (1) Additional 9% tax (not more than \$11,750) \$ 3 Income tax. Check if a qualified per sonal service corporation under section 48(d)(2) 4 Alternative minimum tax (stach Form 4626) \$ 5 Add lines 3 and 4 Check Torm 9735) \$ 6 Foreign tax credit (stateh Form 1735) \$ 8 O. 6 Foreign tax credit (stateh Form 1735) \$ 8 O. 6 Check Chinochose interest source rise dereign Check box (back box(es) and indicate which forms are attached: 6 Check Chinochose interest source rise dereign Check box (back box(es) and indicate which forms are attached: 6 Check Chinochose interest (stateh Form 8827) \$ 7 Chast straffs. Add lines 6 through 50 people) \$ 8 Subtract files 7 Form files 5 9 Personal holding company tax (stateh Form 8860) \$ 11 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter there and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter the and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter the and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter the and on page 1, line 31 1 Test strax. Add lines 8 through 10. Enter the and on page 1. In on 31 1 Test strax. Add lines 8 through 10					(3) \$					
(2) Additional 3% tax (not more than \$100,000) S 3 0	1		4 tay (n	nt mor						
3 income tax. Check if a quadified personal service corporation under section 448(d)(2) 4 Alternative minimum bax (altach form 4628) 5 Add thins 3 and 4 6 Foreign tax credit (attach Form 119) 5 Possessions tax credit (attach Form 1119) 6 Possessions tax credit (attach Form 1119) 6 Citack Citack Check tox(sa) and indicate which forms are attached: 6 Gineral business credit. Check box(sa) and indicate which forms are attached: 6 Gineral business credit. Check box(sa) and indicate which forms are attached: 6 Gineral business credit. Check box(sa) and indicate which forms are attached: 6 Credit for prior year minimum tax (attach Form 8827) 6 Credit for prior year minimum tax (attach Form 8827) 7 Total credits. Add lines 8 through 6 Torm 6669) 9 Personal business credit. Green 8827) 10 Other taxes. Check if from:	•						1			
See page 21 A Alternative minimum tax (latach Form 4626) 4 0.										
4 Allerative minimum tax (attach Form 4865)	3					- [^
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of attribution, see section 267(c).) If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for				14. A		the tax year	and is		·	
If 'Yes,' attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for				x		-			5	
number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for		• • • • • • • • • • • • • • • • • • • •	F					statement		
in 4 above.) Enter percentage owned During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for		•			required by Temporary Regulatio	ns section 1.	1502-2	21T(b)(3)(i)		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for (Do not reduce it by any deduction on line 29a.) ▶ \$ 13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other									10	
than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for							av Angl	o		
In excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for In excess of the corporation's current and accumulated X If Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other	6	During this tax year, did the corporation pay dividends (Other than stock dividends and distributions in exchange for stock)	1	1 t		II OII 1188				
earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for 13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other		in excess of the corporation's current and accumulated				444 -				
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other		earnings and profits? (See sections 301 and 316.)		X						
If Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other		If "Yes," file Form 5452, Corporate Report of				i its total ass	sets at 1	ne end of the		
trinis is a consolidated return, answer nere for the parent corporation and on Form 851, Affiliations Schedule, for distributions and the book value of property distributions (other		Nondividend Distributions.		Fr. 2	tax year less than \$250,000?	ulrad to ac-		abadules !	X	
corporation and on Form 851, Affiliations Schedule, for distributions and the book value of property distributions (other		If this is a consolidated return, answer here for the parent			M-1, and M-2 on nane 4 Instead	enter the to	ipicie t	ount of cash	100	1 .
1 them exactly moved a distribution that to various \$100.000					distributions and the book value of	of property d	istribut	ions (other		
		•								

oto: The corporation is not required to complete S Schedule L Balance Sheets per Books		of lax year	1	of tax year
Assets	(a)	(b)		
1 Cash			(c)	(d)
2a Trade notes and accounts receivable			-	
b Less allowance for bad debts	7			_
3 Inventories		4		<u> </u>
4 U.S. government obligations			-	
Taxasasasasasasas			4	
5 Tax-exempt securities			4.	
6 Other current assets (att. sch.)			_ -	
7 Loans to shareholders				
Mortgage and real estate loans				
Other Investments (att. sch.)				+
Da Buildings and other depreciable assets				
b Less accumulated depreciation	lt	7	1	7
a Depletable assets				
b Less accumulated depletion	7	1		
Land (net of any amortization)		4	_ <mark> </mark>	-}
a Intangible assets (amortizable only)	•	10.	4	
h I are accumulated amadination	<u> </u>	1		
Less accumulated amortization	<u> </u>		1	<u> </u>
Other assets (att. sch.)				
Liabilities and Shareholders' Equity			* * * * * * * * * * * * * * * * * * * *	
Accounts payable				•
Mortgages, notes, bonds payable in less than 1 year			1	
Other current liabilities (att. sch.)			1	
Loans from shareholders			-	
Mortgages, notes, bonds payable in 1 year or more	to the second of		.	
Other liabilities (att. sch.)				
Capital stock: a Preferred stock			, · · · · ,	
b Common stock				
b Common stock				
Additional paid-in capital Retained earnings			1	
Retained earnings - Appropriated (attach schedule)			1.	
Retained earnings - Unappropriated			1	
Adjustments to shareholders' equity (attach schedule)]	
Less cost of treasury stock				T ₁
Total liabilities and shareholders' equity				-
chedule M-1 Reconciliation of	Income (Loss) per	Books With Income	per Return (con page)	24 of instructions)
Net income (loss) per books		7 Income recorded on		24 Of Instructions)
Federal income tax per books		included on this retur		
Excess of capital losses over capital gains		and the second s	•	
Income subject to tax not recorded on books this year		Tax-exempt Interest	\$	
	4=x			
(itemize):				
Programme and address to the control of		8 Deductions on this re		
Expenses recorded on books this year not		against book income	this year (itemize):	
deducted on this return (itemize);		a Depreciation	\$	1.
a Depreciation \$		b Charitable contributions	\$	
Charitable \$	State of the state			
Travel and \$	AND THE RESERVE			
		9 Add lines 7 and 8		
dd lines 1 through 5		10 Income (page 1 line 2	(8) - line & lees line O	
nedule M-2 Analysis of Unapp	ropriated Retained	Farninge nov Book	e /i ino OE Cabada	1
lalance at beginning of year	Printou Hotalilou	E DEFENDED DOOK	<u>s (Lille 25, Schedul</u>	B L)
let income (loca) per books		To nistributions: a Ca	sh	
Net income (loss) per books		_ b St	ock	***************************************
Other increases (itemize):	1.	e Pr	operty	
	1.	6 Other decreases (item	ize):	
				i

Form: 7004

Application for Automatic Extension of Time

(Rev. September 2003) Department of the Treasury Internal Revenue Service	To File Cor	poration Income Tax Return	OMB No. 1545-0233
Name of corporation			
5			Employer identification numbe
NOVA GROUP			01 0500055
Number, street, and room or s	uite no. (if a P.O. box or outside the Ui	nited States, see instructions)	81-0607866
100 GRIST N	MILL ROAD		
City or town, state, and ZIP coo	fe .		
SIMSBURY, C			1
Check type of return to be filed:			
Form 990-C	Form 1120-FS0	Form 1120-PC	
X Form 1120	Form 1120-H	Form 1120-POL	Form 11208
Form 1120-A	Form 1120-L	Form 1120-REIT	Form 1120-SF
Form 1120-F	Form 1120-ND	Form 1120-RiC	
United States	*******************************	s not maintain an office or place of business in the	
in adaptation variation CVIC	maidii (266 Mishachous)		······
a Extension date. I request a	n automatic 6-month (or, for certain c	orporations, 3-month) extension of time	
ONIII OCTOBER	17 . 2005 , to file the incom	ne lay return of the corneration named chain for b	Sr.
year or ▶ X	Jitax year beginning JANUARY	7 31 2004 and ending TANTIADV 21	,2005.
b Short tax year. If this tax ye	ar is for less than 12 months, check re	Bason;	, <u>2005</u> .
Initial return	Final return	Change in accounting period Consolidated	eturn to be filed
2 Members of an affiliated gr	oup of corporations filing a consolid	ated return (consolidated group) (see instructions).	eturn to be filed
Name a	nd address of each member of the ai	Wife and	Charles Man 1991 and 1991
			Employer identification number
			•
		1	
3 Tentative tax	***************************************	3	
4 Payments and refundable c		10 865 1 2 3 3 4 5 20 3 6 7	<u> </u>
a Overpayment credited from p			
b Estimated tax payments for t	he tax year 4b		
 Less refund for the tax year 			
applied for on Form 4466	40 (
e Credit for lax paid on undistri	ibuted capital gains (Form 2439)	46	
f Credit for Federal tax on fuels	(Form 4136)	46	
	The state of the s	- 41	1 19 27 20 20 10 SEED
Total. Add lines 4d through 4	f		
Balance due. Subtract line 5	from line 3. Deposit this amount usin	n the Flectronic Tederal	0.
Tax Payment System (EFTPS) of with a Federal Tay Dannell /ETD	Counce	The second second
ignature. Under penalties of perhan	declare that I have been outbested by	1 Coupon: 6_	<u> </u>
nd belief, the statements made are true,	correct, and complete.	pove-named corporation to make this application, and to the best of my knowled	dge
	2	- Ch	4/15%-
	officer or agent)	(Title)	(Date)
or Paperwork Reduction Act Notic	e, see instructions.		Form 7004 (Rev. 9-2003)

منمدد	ومتسسر	1120		U.S	. Co	rpora	tion I	ncon	ne T	ax Retu	rn		Ì	OMB No. 1545-0123
Ď	Orm epartm ternal l	ent of the Treasury Revenue Service	beginning		•.	For ca	ilendar yea	2004 or 1	ax year	1				2004
	Che	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Use	Name				<u> </u>					B E	mployer identification number
	1 Consolidated return (atlach Form 851) IRS (abel. 2 Personal holding co. (atlach Sch. PH) Other-(atlach Sch. PH) Other-wide (atlach Sch. PH) Other-Vision (atlach Form 851) Other-Vision (atlach For									1-0607866				
										ate incorporated				
3	3 Personal service corp. Wise, print 100 GRIST MILL RD									8/30/2002				
4	Sched (attack	dule M-3 required th Sch. M-3)	or type.	City or town, s			0.00	**					D To	otal assets (see page 8 of instr.
F	Che	ck if: (1) Initia	d return	(2) Final re		, CT (3) N	0607 ame chang				···		\$	0.
		1 a Gross receipts or s		(E)I mar n	STOLIN .		rns and allov		Add	dress change	L Bai S	Т.		
	- 1	2 Cost of goods s		le A. line 8)		D 2003 (810	niis aijų aijų	varices			o Bal	-	G	
		3 Gross profit. Sul	btract line 2	from line 1c	*****	***********	• • • • • • • • • • • • • • • • • • • •	*********	eegenaagii		***********	-		
	1	4 Dividends (Sche												
စ္က		5 Interest	********	**************		************	*********	en en en inschaar				5		<u> </u>
псоте		o Giossients	************	************	,,,,,,,	**********	**********			Sept. 1971		6	1	
Ĕ		/ Gross royalues										1 7		
		o capital gain net i	ncome (atta	ICH Schedule D	(Form 11	20))						Ια		
		a mer dann or (1022) wom Form	1 4797, Part II, I	ine 17 (at	tach Form 4	4797)					l o		
		- Arrivel Historice (m.	idd linge 2 f	hrough 10	***********	**********	•••••		iyan eyediya a ka			10		
 		1 Total Income. A 2 Compensation of	officers (S	chedule F line			*************		*******	*************		1:	_	
	13	Salaries and wag	es (less em	plovment credit	') S)	inge je maraja urujung ig gingu	• • • • • • • • • • • • • • • • • • • •	***********			••••••••	12	_	
	14	A Repairs and mair	ntenance		~y	************	••••••••	***********	*********	*********	*************	13	_	
	15	5 Bad debts			**********			**********	*********	*****************	*************	15	-	
	16	, inclina	************						ere a constanta			1 16		
	17	raxes and ilcense	38		• • • • • • • • • • • • • • • • • • • •	***********	***********		*******	. 4 . 10		17		
	18	miterest	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ft.1							18		
S	19	Charkable contric	outions		*******	**********	• • • • • • • • • • • • • • • • • • • •	**********		·	********	19		
Deductions	20	nepreciation (atta	icii roi iii 45	(SO)	******				20	l				
ğ	20	Less depreciation	Camileu Oi	i ochednie A an	o eisewne	ere on retur	n	••••••	21a			211	_	
۵	23	Depletion	*************	*************		************	************	***********		****************	***********	22		
	24	Advertising Pension, profit-sh	arino, etc	plans	**********	,	•••••	***********	enci ve ke de	***************************************		23		
	25	Employee benefit	programs			************	************	************	•••••••	***********	************	25	_	
	26	other deductions	(anach schi	BOUIO)								26		
	27	Total deductions.	Add lines	12 through 26	**********		**********		*********	*************	>	27	1	
	28	Taxable income before	re net operatir	g loss deduction	and special	deductions.	Subtract line	27 from line		************		28		0.
	29		rating loss	****		***********	******		29a			1		
•	30	b Special Taxable Income.		(Schedule C, lir line 29c from lir		*******		******	29b			290		
	31				le 20	********	************		********		**********	30	-	<u>0.</u>
	32	Total tax (Sched Payments: a 200 credited to 2004	3 overpayme	32a	·····	*************		************		***********	**********	31	-	0.
Tax and Payments	b	2004 estimated tax Less 2004 refund app			· ·			. F					1	
Ĕ	C	Less 2004 refund app on Form 4466	lied for	320	(**************************************)	d Bal	32d					
E.		Tax deposited with		***********		********	***********		32e			٠.	1	.•
and		Credit for tax paid							32f					
ă		Credit for Federal to							32g			32h		
•	33	Estimated tax pena	Ity (see pag	e 17 of instruct	ions). Ch	eck if Form	2220 is att	ached	••••••	********	▶ 🔲	33	<u> </u>	
- 1	34 35	Tax due. If line 321	n is smaller	than the total o	f lines 31	and 33, en	ter amount	owed	*********			34	ļ	0.
- [Overpayment, If lir Enter amount of lin						unt overp	aid			35		-
		Under penalties of procurect, and complet	erjury/I declar	e that I have exam	LOUD EST	iturn, includir	ng accompan	ying schedu	lles and s	Refui statements, and to	nded	36 knowle	dge and	i bellef, it is true
Sign		S I A I A	b Caration	of preparer (other	than taxpa	yer) is based	on all inform	alion of whi			ige.		Γ	May the IRS discuss this return with the preparer shown below?
Her	Ө	Signature of office	Sale J		\overline{A}	Date	4105	Title	tre	sident				
		Preparer's	-	/ /	$\overline{\mathcal{L}}$			Date /		Check if		Ip	ا مادادها	<u> </u>
Paid	. لم يون	signature		(KRAN)	an	500	PA		31/0		loyed			SN & PTIN -46-9398
Prepa Use 0	rer's nly	(or yours if	SIMAON	· <i>-</i>		LARRO	W, LL	P /	/	ı	EIN			1586075
	•	address, and				EVARD		,		[j	Phone no.	(86		529-5600
411601		MA For Privacy/D	COCKY	HILL, (CT (06067		4					·	2

Bankno				
	rth		NEW NON-PERSONAL ACCOUN	Ţ
REGION:	TD Banknorth CT Mid-A	\ti	DATE OPENED: 05/20/2009	
ACCOUNT #:	4242774683	TYPE OF ACCOUNT: IM Business C		
TAX ID #:	\$10607865	TYPE CODE: 720	CATEGORY: Non-Personal Checking	
BRANCH#:	507	BANK REPRESENTATIVE: Carolyn M.	Starr	
Account Offic	er information (Comple	to only if an officer will be assigned to this a	count)	- [
Officer Number:	:Offic	er Name:	Telephone:	_
BUSINESS NAM	AE/ADDRESS:	TIN:		- 1
NOVA GROUP II	NC	810507866	BURINESS PHONE: (860) 408-7000	_
100 GRIST MILL	. ROAD			ı
				ı
SIMSBURY, CT		USA 08070		
				_]
Funds Verifica	onahip: Cosporation or Li		he RM Number: 00000015e81420	
	×			_
Additional Ac	count Verification:CC	Hificate Of corporation Wobsile Report Resolution/Consent		
		_		
Previous Ban	(Enter Name of Prev	iour Bank) Visual Inspection	n of Business	
•		IMPORTANT INFORM	NOITAI	
The undersign reports contail account. If yo reporting agen I/We acknowle FDIC insurance This section d. 1. The numble 2, i sm not a Service (if no longer s. 3, i sm a U.S. Contification i because you in For mortgage (iRA), and gen	Ining references about ma- ou (the Bank) are unable to not). adge and understand that To be purposes, mylour deposit loss not apply to U.S. non-the resolution on this form is my subject to backup withholding. Table to backup withholding subject to backup withholding. S, person (Including a U.S. r Instructions. You unust chave falled to report all late interest paid, acquisition o nersily, payments other than	n behalf of the account owner, if different, it us from third parties, such as a consumer open a deposit account, you will provide the D. Banknorth and TO Bank are trade names sale and separately insured from any other saledant eleans. Under penalty of perjury, the correct taxpayer identification number (or ing because: (a) I am exempt from backup they withholding as a result of a failure to reg, and esident, sien). Topic out tem 2 above if you have been not set out them 2 above in you tax return or for a rebandonment of secured property, or a result dividends on your tax return or for a rebandonment of secured property, care in interest and dividends, you are not require	toreby authorize(s) the Bank to, from time to time, request consumer reporting agency, in connection with opening and maintaining this also with an additional notice containing data regarding the consumer of TD Bank, N.A. I/We further acknowledge and understand that for deposits I/we may have at TD Banknorth and/or TD Bank. undersigned certify(se) that: undersigned certify(se) that: undersigned certify(se) that we will see that the second property of the	
	100	_		
× S	emy Clayed	DANIEL E CARPENTER	05/25/1954 048524417 000 d 8 69 8 80	- [
Dyte Signed	5/21/09	•	If Existing Personal Customer, Enler the RAA Number: 80000014558664	- 1
x The	4-16	AMANDA ROSSI	11/07/1980 040801423	
Date Signed	- 5/2409		If Existing Personal Customer, Enlet the Rtst Humber; 000008 IS447084	1
X		Fred Remo	Date of Birth BSAY of ones, Ventication	- 1
Date Signed	£		if Existing Paramet Gustomer, Enter the RM Number:	-
X		PAri Koma	(7g)	
Deta Signed	t	· · · · · · · · · · · · · · · · · · ·	& Existing Personal Customer, Enter the RM Humber:	_
•				_
3			No of the second	_
SIC:		For Deposit Operations	Use Only	۱ ا

Bankn	orth			
E)	TD Banknorth CT Mid-At		DATE OPENED: 05	RSONAL ACCOUNT
EGION:				20/2009
CCOUNT #:	4242774683	TYPE OF ACCOUNT: IM Business		
AX ID #:	810607865	TYPE CODE: 720	CATEGORY: Non-Person	onal Checking
RANCH #:	507	BANK REPRESENTATIVE: Carolyn I	A Starr	
ccount Off	cer information (Complete	only if an officer will be assigned to this	account)	
fficer Numb	or: Office	Name:	Telephon	K
USINESS N	ME/ADDRESS:	TIN:	,	
IOVA GROUP	INC	810607866	BUSINESS PHONE: (B	80) 408-7000
00 GRIST MI	LL ROAD		•	
			•	
	,	38A 08070	-	
IMSBURY, CT		/4/ V0// V		
Funds Verific			or the RM Number: 00000015681420	
ccount Relat	lionahip: Corporation or LLC	2-2 Signers		
Additional /	Account Verification: CEC	ificute of		· · · · · · · · · · · · · · · · · · ·
Business/E	intity Documentation:	or per 4 tion Nobelle Report & Resolution/Consent		
) Previous B		☐ Visual Inspe		
			SOU OL RABIURES	
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Banknorth	NEW NON-PERSONAL ACCOUNT
REGION: TD Banknorth CT Mid-Ali	DATE OPENED: 05/20/2009
ACCQUITS: 4242774663 TYPE OF ACCOUNT	7) M Business Convenience Checking
TIPE OUDE:	CATEGORY: Non-Personal Checking
BRANCH #: 507 BANK REPRESENT	ATIVE: Carolya M Starr
Account Officer Information (Complete only if an officer will	be sestment to this account
Officer Number: Officer Name:	
BUSINESS NAME/ADDRESS:	TIN:
NOVA GROUP INC	810507866 BUSINESS PHONE: (850) 408-7000
100 GRIST MILL ROAD	
SMSBURY, CT USA	08070
	ng Customer, Enter the RM Number: 9000001881490
Account Resistonship: Corporation or LLC-2 Signers	
Additional Account Verification: CC # fi Cott. Of	
El Businass Entity Documentation: Flate News Res	skillon/Consent
Previous Bank: (Erise Name of Previous Bank)	Visual Inspection of Business
	Portant importantion
	wrify and record information that identifies each person who opens an account.
The Undersigned acknowledge(s) receipt of the Deposit Account of this account shall evidence mylour acceptance of the terms	Agreement and Fee Schedule which govern my/our accounts with the Bank. My/our use and conditions as set forth in the Deposit Account Agreement and Fee Schedule as the
same may be amended from time to time.	
reports containing references about mekts from third parties,	owner, if different, hereby suthorize(e) the Bank to, from time to time, request consumer such as a consumer reporting agency, in connection with opening and maintaining this
account. If you (the Benk) are unable to open a deposit encount reporting agency.	t, you will provide make with an additional notice containing data regarding the consumer
	enk are trade names of TD Bank, N.A. While further acknowledge and understand that for
	ured from any other deposits I/we may have at TO Banknorth and/or TO Sank,
This section does not apply to U.S. non-resident effects. Under p 1. The number shown on this form is my correct tempayer identif	ication number (or I am waiting for a number to be leaved to me), and
 I am not subject to beckup withholding because: (a) I am a Service (IRS) that I am subject to backup withholding as a m 	mempt from backup withholding or (b) I have not been notified by the internal Revenue is the control of the last internal revenue is the control of the last of the last in the control of the last in
no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident, sten).	•
Cortification Instructions. You must gross out sam 2 above !	you have been notified by the IRS that you are currently subject to backup withholding
because you have falled to report all interest and dividends on your For mortague interest paid, appuished or abandonment of security.	rur lex return or for any other resson. For real estate transactions, item 2 does not apply. ned property, cancellation of debt, contributions to an individual retirement arrangement
(IRA), and generally, payments other than interest and dividends	you are not required to sign the Certification, but you must provide your correct TIN.
The Internal Revenue Service dans not require your consent to any	provision of this desiment other than the continuations required to evoid becaup withholding,
(1) 100 t	
x Claud Cambo DAMELEC	
Parliame S/41/09	Bright Seth BDI Warden Commencer, Enter the RAM Name both Section 14 Edition Processed Commencer, Enter the RAM Name both Section 145 Edited
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x	
Squad Prof Horn	State of Sta
Cole Signed	If Esigling Personal Gustanian, Enter the RM Humber:
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Gest Signers:	If Existing Personal Contener, Eries the Rid Number,
For	reposit Operations Use Only
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(i) Banknorth	. <u></u>
DE2	NEW NON-PERSONAL ACCOUNT
REGION: TO Banknorth CT Mid-Atl	DATE OPENED: 05/20/2009
ACCOUNT #: 4242774655 TYPE OF ACCOUNT: IM Business Convenience	e Checking
TAX ID #: 262386232 TYPE CODE: 720 C	ATEGORY: Non-Personal Checking
BRANCH #: 507 BANK REPRESENTATIVE: Carolyn M Slair	
Account Officer information (Complete only II an officer will be assigned to this account)	
Officer Number: Officer Name;	Telephone:
BUSINESS NAME/ADDRESS: TIN:	
	USINESS PHONE: (880) 408-7000
100 GRIST MILL ROAD	
SIMSBURY, CT · USA 06070	
eFunde Verification: Il Existing Customer, Enler the RM Nurr Account Relationship: Corporation or LLC-2 Signers	nber: 00000015661360
Veccodut KatatioLisurb: Conhosennu ai rftp-s piduata	
Additional Account Verification: Business finity Decumentation: State Website Report & Resolution/Consent	
Převidus Bank: Visual Inspecțion of Busine	55
IMPORTANT INFORMATION	
Federal law requires all financial institutions to obtain, verify and record information to The undersigned seknowledge(s) receipt of the Deposit Account Agreement and Fee Schadule wo this secount shall widelence mydour scorptance of the terms and conditions as set from in the same may be amended from time to time. The undersigned, both individually and on behelf of the account owner, if different, hareby author seports containing references about mehus from third padies, such as a consumer reporting a account. If you (the Bank) are unable to open a deposit account, you will previde mehus with an reporting againcy. I/We acknowledge and understand that TO Banknorth and TO Bank are trade names of TO Bank FOIC insurance purposes, mylour deposits are not separately insured from any other deposits liver This section does not apply to U.S. non-resident allene. Under penalty of perjury, the undersign for 1. The number shown on dits form is my correct textopyer defaultiaction cumber 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, Service (IRS) that I am subject to backup withholding as a result of a failure to report all inter- no tonger subject to backup withholding, and 3. I am a U.S. person (including a U.S. realient, allen). Certification instructions. You must cross out item 2 above if you have been notified by the I because you have failed to report all interest and dividends on your tax return or for any other rear For mortinges Interest paid, acquisition or abacdonment of secured property, cancellation of the Citch provided to service does not require your consent to any provision of this document other the The Internal Revenue Service does not require your consent to any provision of this document other the	which govern my/our accounts with the Bank. My/our use a Deposit Account Agreement and Fee Schedule as the intra(a) the Bank to, from time to time, request consumer gency. In connection with opening and malitacing this additional notice containing data regarding the consumer. I.A.A. Invite further acknowledge and understand that for may have at TD Bankmorth and/or TD Bank. Confly(isa) that: I a number to be issued to may, and or (b) I have not been notified by the Internal Revenue as or dividende, or (c) the IRS has notified me that I am IRS that you are currently subject to backup withholding son. For real asias transactions, Ilam 2 does not apply. II, confliction, but you must provide your correct TIN.
AMANDA ROSSI Refundo Dese Signed: Date Signed: X 05/25/1984 048624417 Odi a IBM SIN SIN SPINAL Virtualia Udaling Personal Cusiomer, Erier the RM Number 00000014468884 11/07/1980 040801423 Personal Cusiomer, Erier the RM Marriage 0000001647084 Date of SIM SIM France Control of SIM Personal Cusiomer, Erier the RM Number 0000001647084 Date of SIM SIM SIM Transport Virtualian Date of SIM SIM Transport Virtualian Date of SIM SIM Transport Virtualian Date of SIM SIM Transport Virtualian	
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(Page 2 of 5)

1757	Banknorth
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Herri Harri	LIMITED LIAB	ILITY COI	MPANY BANKING RESOLU For Deposit Acc,	
Account Holder:		Financial I	nstitution;	
001071411 0 0 0 0 0 0 0 0 0			Bank, N.A.	
GRIST MILL CAPITAL LLC 100 GRIST MILL ROAD		1	ke Mill Mall, 714 Hopmeadow St	
SIMSBURY, CT 06070				
		Sime	sbury, CT 06070	
Account No. 4242774655		State / Com	monwealth: CT	
In consideration of the existing o a Limited Liability Company (the behalf of the Company do hereby GRIST MILL CAPITAL LLC	"Company") and TO Bank, N.A., y certify that and agree as follows	the persons s	igning below jointly and severally and or	1
OTHER DATE TIME PER	is the co	mplete and co	orrect name of the Account Holder.	
the Company, including the additakes effect.	ng of new members and leaving	of current me	lowing is a complete list of the names otify the Financial Institution of any chain imbers from the Company, before the cl	of all nge in hange
THE SECOND PROPERTY OF		icias es	Signaturo	300
Charmen of Manager much	DANIEL E CARPENTER		Qual & Part	
Seischary	AMANDA ROSSI		And Z.	
			- (402-20	
			•	
Assumed Business Names: Exciunames under which the Company	iding the name of the Company, i does business:	the following is	s a complete list of all assumed business	S
Assumed Business Name #1:				
Assumed Business Name #2:				
We further certify that at a meeting meeting, duly called and held on resolutions were adopted:	of the members of the Compan	y (or by other at which a qu	duly authorized Company action in lieu orum was present and voting, the follow	of a wing
Be it Resolved, that TD Bank, N.A Institution of and depository for the or other orders for the payment of r		thes, be and li be withdray	t hereby is designated as the Financial wn on checks, drafts, advices of debit, no	otes
Be it Further Resolved, that an agreements and perform such oth Relationship with the Financial Inst Company and as its act and deed be	itition and those paragraphs	iy necessary	s") listed above may enter into any s in furtherance of the Company's Bank ompany, and acting for an on behalf of vered;	uch dng the

Page 1 of 2

(Page 3 of 5)

Execute Documents: To execute and deliver to Financial institution the form of Limited Liability Company Banking Resolution and other account opening documents submitted by Financial Institution, confirming the nature and existence of Account Holder and evidencing the terms of the agreement between Financial Institution and Account Holder.

Agent's Authority: Any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Company for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept draft and other items payable at the Financial Institution. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Company's accounts with the Financial Institution bearing the signature of any one of the Agents, as authorized above or otherwise, even though drawn or endorsed to the order of Any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

Further Acts: The above-named Agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of Account Holder may be deposited, collected or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of this resolutions.

Be it Further Resolved, that the authority hereby conferred upon the above-named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered and received by the Financial Institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless by the Company from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution. Any such notice shall not affect any items in process at the time notice given.

We Further Certify that the authorized signers name above are duly elected, appointed or employed by or for the Company, as the case may be, and occupy the positions set opposite their respective names; that the foregoing resolutions now stand of record on the books of the Company; and that the resolutions are in full force and effect and have not been modified or revoked in any manner whatsoever.

We have each read all of the provisions of this Limited Liability Company Resolution, and we each jointly and severally and on behalf of the Company certify and agree to its terms.

This Agreement is dated:	05/20/2009	
Account Holder:	GRIST MILL CAPITAL LLC	
Ву:		By: Samil & Canata
Ву:		By: Ald Fo

Rev. 06/2008 TO Banknorth is a trade name of TO Bank, N.A.

(Page 4 of 5)

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "GRIST MILL CAPITAL, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2003, AT 9 O'CLOCK A.M.

Starriet Smith Windson Harriet Smith Windson Secretary of State

3615868 8100

030036432

AUTHENTICATION: 2218158

DATE: 01-22-03

(Page 5 of 5)

STATE OF DELAMARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 09:00 AM 01/17/2003 030036432 — 3615868

CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

PIRST: The name of the limited liability company is GRIST MILL CAPITAL, LLC

SECOND: The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400 in the City of Wilmington. The name of its Registered Agent at such address is THE COMPANY CORPORATION.

IN WITNESS WHEREOR, the undersigned have executed this Certificate of Pormation of GRIST MILL CAPITAL, LLC this 17th day of January 2003.

NAME: ______ Angela Norton

Authorized Person

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Banknort	:n 		NEV	V NON-PERSONAL ACCO	UN'
REGION: TI	D Banknorth CT Mid-All		OA.	TE OPENED: 05/20/2009	
ACCOUNT#: 42	42774712	TYPE OF ACCOUNT: IM 8	usiness Convenience Cha		
FAX ID#: 81	0607868	TYPE CODE: 720	CATEG	ORY: Non-Personal Checking	
RANCH#: 50	·	BANK REPRESENTATIVE: C			
Secount Officer		only if an officer will be assigned			
officer Number:	Officer		to this secount)	Telephone:	
USINES'S NAME/	ADDRESS:	TIN:			
RIST MILL CAPIT	AL LLO	81080788	a sualn	ESS PHONE: (860) 408-4000	
00 GRIST MILL RO	OAO .				
					
MSBURY, CT	U	SA 08070			
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count Relations	dp: Carporation or LLC-	2 Signars			
duitional Accor	unt Verification: Sfor	be lockbaite Report			
	ocumentation: Cedifica	e of Cood Standing & Resolution	Monseel	=	
Previous Bank;	(Enter Nates of Previous	Bank) Visual	Inspection of Business		
teme may be ame The undersigned, i eports containing account. If you (th	icknowledge(s) receipt of I sill evidence mylour accept nded from time to time. both individually and on bu	the Deposit Account Agreement transe of the terms and condition what of the account owner, if differentiated and the second towner, is differentiated and the second transfer and	and Fee Schadule which in the Dep ins as set forth in the Dep fforent, hereby authorize(s	entifies each person who opens an scoopni- govern my/our accounts with the Bank. My/our losit Account Agreement and Fee Schadule as) the Bank to, from time to time, request consu , in connection with opening and maintaining	the mer
ame may be ame rive undersigned, reports containing account. If you (the eporting agency). We ecknowledge 'DIC insurance purishes section does a This section does a Service (ISS service	ucknowledge(s) receipt of in all evidence mylour acceptance mylour acceptance of the control of	the Deposit Account Agraement stance of the terms and condition stance of the ecount owner, if of from third parties, such as a con a deposit account, you will put saknorth and TD Bank are trade and separately insured from an anti-stance, Under penetty of period text suppayer identification number ecusion; (a) I am exempt from such services; (a) I am exempt from and learn a should be a such service of the services of the servi	and Fee Schedule which in the Dep ine as set forth in the Dep fierent, hereby suthorizes neutrine reporting agency wide mercy with an sodial enames of TO Bank, N.A. by other deposits live may wry, the undersigned certifier are for 1 are waiting for a multiple backup withhelding, or (b) are to report all interest or seen notified by the IRS the or for any other reason. It, cancellation of debt, can required to sign the Certifier required to sign the Certifier sign the Certifier sign the Certifier required to sign the Certifier sign the Certifi	govern mylour accounts with the Bank. Mylour oath Account Agreement and Fee Schedule as the Bank to, from time to time, request consu- , in connection with opening and maintaining only notice agnishing date regarding the consus- liWe further acknowledge and understand that have at TD Banknorth and/or TD Bank. ((les) that; miber to be issued to me), and it have not been notified by the internal Rever dividends, or (c) the IRS has notified me that if at you are currently subject to backup withhold For real scient transactions, item 2 does not app influtions to an individual retirement arrangem altion, but you must provide your correct TIN.	mer this mer lor nue sm
same may be ame The underlighed, reports containing account. If you (the eporting aganty). We acknowledge FOIC insurance put This section does a Carrice (tall to the uniform and longer subject Service (tall no longer subject and longer subject for mortgage intain secause you have for mortgage intain FALL and generally	ucknowledge(s) receipt of in all evidence mylour acceptance mylour acceptance of the control of	the Deposit Account Agraement stance of the terms and condition stance of the ecount owner, if of from third parties, such as a con a deposit account, you will put saknorth and TD Bank are trade and separately insured from an anti-stance, Under penetty of period text suppayer identification number ecusion; (a) I am exempt from such services; (a) I am exempt from and learn a should be a such service of the services of the servi	and Fee Schaduls which in the Dep ins as set forth in the Dep fierent, hereby suthorizes neutrier reporting agency with an addition and the second of the second price of the second or which is a second or the second of the second or properties of the second of ear notified by the IRS the or for any other reason. It, cancallation of debt, can required to sign the Certific New determination of the required to sign the Certific New determination of equired to sign the Certific New determination of the control of produced to sign the Certific New determination of the control of produced to sign the Certific New determination of the control of	govern mylour accounts with the Bank. Mylour oath Account Agreement and Fee Schedule as 1) the Bank to, from time to time, request consult in the Bank to, from time to time, request consult in the account of the manual in the property of the account of the manual in the property of the account of the manual in the manual i	mer this mer lor nue sm
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Banknorth	LIMITED LIABI	LITY COMPANY BANKING RESOLUTION (For Deposit Accounts)
Account Holder:		Financial Institution:
1		TD Bank, N.A.
GRIST MILL CAPITAL LLC		Drake Mill Mell, 714 Hopmeadow St
100 GRIST MILL ROAD		
SIMSBURY, CT 06070		Simsbury, CT 06070
Account No. 4242774712		State / Commonwealth: CT
a Limited Liability Company (the	"Company") and TD Bank, N.A., y certify that and agree as follows	
Otto 7 Mile On Tine Elo	is the co	mplete and correct name of the Account Holder.
managers, members and author	zed signers of the Company. W	y that the following is a complete list of the names of all le agree to notify the Financial Institution of any change in of current members from the Company, before the change
ginia	Peme '	Signaturo
Chairman Many Menter	DANIEL E CARPENTER	Manif Elanh
Secretary	AMANDA ROSSI	And Ir.
/		
Assumed Business Names: Excl names under which the Company	uding the name of the Company, does business:	the following is a complete list of all assumed business
Assumed Business Name #1:		
Assumed Business Name #2:		
meeting, duly called and held on resolutions were adopted:	क्रीआठन .	ny (or by other duly authorized Company action in lieu of a at which a quorum was present and voting, the following
Be it Resolved, that TD Bank, N. Institution of and depository for the or other orders for the payment of	e funds of this Company, which n	nches, be and it hereby is designated as the Financial nay be withdrawn on checks, drafts, advices of debit, notes
agreements and perform such o	ther acts as they deem reasons stitution, and those agreements	igners ("Agents") listed above may enter into any such ably necessary in furtherance of the Company's Banking will bind the Company, and acting for an on behalf of the sed and empowered;

(Page 3 of 4)

Execute Documents: To execute and deliver to Financial institution the form of Limited Liability Company Banking Resolution and other account opening documents submitted by Financial Institution, confirming the nature and existence of Account Holder and evidencing the terms of the agreement between Financial Institution and Account Holder.

Agent's Authority: Any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Company for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept draft and other items payable at the Financial Institution. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Company's accounts with the Financial Institution bearing the signature of any one of the Agents, as authorized above or otherwise, even though drawn or endorsed to the order of Any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

Further Acts: The above-named Agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of Account Holder may be deposited, collected or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of this resolutions.

Be it Further Resolved, that the authority hereby conferred upon the above-named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered and received by the Financial Institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless by the Company from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution. Any such notice shall not affect any items in process at the time notice given.

We Further Certify that the authorized signers name above are duly elected, appointed or employed by or for the Company, as the case may be, and occupy the positions set opposite their respective names; that the foregoing resolutions now stand revoked in any manner whatsoever.

We have each read all of the provisions of this Limited Liability Company Resolution, and we each jointly and severally and behalf of the Company certify and agree to its terms.

This Agreement is dated:	05/20/2009	
Account Holder:	GRIST MILL CAPITAL LLC	· ·
Ву:		By: Sharif Elaph
Ву:		By: Add to

Rev. 05/2008 TD Banknorth is a trade name of TD Bank, N.A.

Page 2 of 2

Banknorth	NEW NON-PERSONAL ACCOUN
EGION: TD Banknorth CT Mid-Atl	DATE OPENED: 05/20/2009
COUNT #: 4242617138 TYPE	E OF ACCOUNT: IM Business Convenience Checking
AX ID #: 200688307 TYPI	E CODE: 720 CATEGORY: Non-Personal Checking
RANCH #: 507 BAN	K REPRESENTATIVE: Carolys M Starr
ecount Officer information (Complete only	# an officer will be assigned to this account
fficer Number: Officer Nam	
usiness name/address:	TIN;
ERIST MILL HOLDINGS LLC	200688307 BUSINESS PHONE: (880) 408-7000
00 GRIST MILL ROAD	
	,
MSBURY, CT USA	08070
unds Verification:	If Existing Gustomer, Enter the RM Number: 00000015881500
count Relationship: Corporation or LLC-2 Sig	(AB/S
dditional Account Verification:	
Business/Entity Documentation: Certifled Form	nation Docs & Resolution/Consent
Provious Bank;	☐ Visual inspection of Business
(Enter Name of Provious Bank)	
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Banknorth	LIMITED LIABI	LITY COM	MPANY BANKING RESOLUTION (For Deposit Accounts)
Account Holder:		Financial In	estitution:
GRIST MILL HOLDINGS LLC 100 GRIST MILL ROAD			Ввлк, N.A. œ Mill Mall, 714 Hopmeadow St
SIMSBURY , CT 06070		Simsbury, CT 06070	
Account No. 4242617136		State / Commonwealth: CT	
a Limited Liability Company (the behalf of the Company do hereb GRIST MILL HOLDINGS LLC Managers, Members and Authoranagers, members and authoranagers, members and authoranagers.	y certify that and agree as follows is the co prized Signers: We further certifized signers of the Company. V	the persons s mplete and co y that the fol	igning below jointly and severally and on briech name of the Account Holder. Illowing is a complete list of the names of all of the Financial Institution of any change in ambers from the Company, before the change
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Chairm Manajing Merty	DANIEL E CARPENTER		Skund Elazate
Chairm Manajing Murber Secretary	AMANDA ROSSI	•	And te
/			
Assumed Business Names: Exc names under which the Compan	luding the name of the Company, y does business:	the following	is a complete list of all assumed business
Assumed Business Name #1:			
Assumed Business Name #2:		<u>.</u>	
We further certify that at a meeting, duly called and held or resolutions were adopted:	ng of the members of the Compa	ny (or by othe , at which a c	er duly authorized Company action in lieu of a quorum was present and voting, the following
Be It Resolved, that TD Bank, N Institution of and depository for it or other orders for the payment of	ne funds of this Company, which r	nches, be and nay be withdr	it hereby is designated as the Financial awn on checks, drafts, advices of debit, notes
agreements and perform such of	other acts as they deem reasonant stitution, and those agreements	obly necessar will bind the	nts") listed above may enter into any such ry in furtherance of the Company's Banking Company, and acting for an on behalf of the owered;
			Page 1 of 2

(Page 3 of 5)

Execute Documents: To execute and deliver to Financial institution the form of Limited Liability Company Banking Resolution and other account opening documents submitted by Financial Institution, confirming the nature and existence of Account Holder and evidencing the terms of the agreement between Financial Institution and Account Holder.

Agent's Authority: Any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Company for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept draft and other items payable at the Financial Institution. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Company's accounts with the Financial Institution bearing the signature of any one of the Agents, as authorized above or otherwise, even though drawn or endorsed to the order of Any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the 'Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such Item or the proceeds of the item.

Further Acts: The above-named Agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of Account Holder may be deposited, collected or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of this resolutions.

Be it Further Resolved, that the authority hereby conferred upon the above-named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered and received by the Financial institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless by the Company from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution. Any such notice shall not affect any items in process at the time notice given.

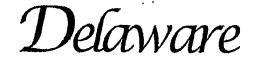
We Further Certify that the authorized signers name above are duly elected, appointed or employed by or for the Company, as the case may be, and occupy the positions set opposite their respective names; that the foregoing resolutions now stand of record on the books of the Company; and that the resolutions are in full force and effect and have not been modified or revoked in any manner whatsoever.

We have each read all of the provisions of this Limited Liability Company Resolution, and we each jointly and severally and on behalf of the Company certify and agree to its terms.

This Agreement is dated:	05/20/2009	
Account Holder:	GRIST MILL HOLDINGS LLC	
Ву:		By: Samuel Elayater
, D		
Ву:		Ву:

Rev. 98/2008 TD Benknorth is a trade name of TD Sank, N.A.

Page 2 of 2



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "GRIST MILL HOLDINGS, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2003, AT 9 O'CLOCK A.M.



Warriet Smith Hindson

3615870 8100 030036439

AUTHENTICATION: 2218154

DATE: 01-22-03

(Page 5 of 5)

STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 09:00 AM 01/17/2003 030036439 - 3615870

CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

FIRST. The name of the limited liability company is GRIST MILL HOLDINGS, LLC

SECOND. The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400 in the City of Wilmington. The name of its Registered Agent at such address is THE COMPANY CORPORATION.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of GRIST MILL HOLDINGS, LLC this 17th day of January 2003.

NAME: ______
Angela Norton

Authorized Person

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REGION:	TO Banknorth CT Mid-J	Ali .	05/20/2000
CCOUNT #:	4242774871		DATE OPENED: 05/20/2009 Convenience Checking
AX ID #:	204005871	TYPE CODE: 720	
RANCH#;	507	BANK REPRESENTATIVE: Carolyn A	
scount Offi	cer Information (Comple	te only if an officer will be assigned to this	
fficer Numbe		or Name:	account)
usiness na	ME/ADDRESS:	TIN:	
HOENIX CAPI	TAL MANAGEMENT LLC	204906871	BUSINESS PHONE: (880) 428-7000
O GRIST MIL	LROAD		
ASBURY, CY		USA 08070	
		00070	
unds Verifics			the RM Number: C0000015581482
ount Relatio	onship: Corporation or LLC	3-2 Signers	
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(Page 2 of 5)

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Acc	ount Holder:

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Banknorth	LIMITED LIAB	ILITY CO	MPANY BANKING RESOLUTIO (For Deposit Account
Account Holder:		Financial I	nstitution:
PHOENIX CAPITAL MANAI 100 GRIST MILL ROAD	SEMENT LLC	TD	Bank, N.À. ke Mili Mali, 714 Hopmeadow St
SIMSBURY, CT 06070		Sim	sbury, CT 06070
Account No. 4242774671	t	State / Con	nmonwealth: CT
a Limited Liability Company (the behalf of the Company do hereb	"Company") and TD Bank, N.A., y certify that and agree as follow	the persons s	DENIX CAPITAL MANAGEMENT LLC signing below jointly and severally and on
PHOENIX CAPITAL MANAGEMEN	IT LLC is the co	omplete and c	orrect name of the Account Holder.
managers, members and author	ized signers of the Company \	Ne agree to g	llowing is a complete list of the names of al lotify the Financial Institution of any change in embers from the Company, before the change
Keep and the finite of the con-	AND CO. A SECTION NAMED OF SECTION AND ADDRESS OF THE PARTY OF THE PAR	\$500 mess	Septimo
Chairman Managing Marker	DANIEL É CARPENTER		Shared & Censul
Secretary	AMANDA ROSSI		and 12
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Assumed Business Names: Exclusion names under which the Company	uding the name of the Company does business;	, the following	is a complete list of all assumed business
Assumed Business Name #1:			
Assumed Business Name #2:			
We further certify that at a meetin meeting, duly called and held on resolutions were adopted:	g of the members of the Compa	ny (or hy othe	er duly authorized Company action in lieu of a muorum was present and voting, the following
Be It Resolved, that TD Bank, N. institution of and depository for the or other orders for the payment of	s tunds of this Company, which r	nches, be and nay be withdra	it hereby is designated as the Financial awn on checks, drafts, advices of debit, notes
adiaettiette etia bettotti sacti ot	ner acts as they deem reasons stitution, and those agreements	ably necessar	nts") listed above may enter into any such y in furtherance of the Company's Banking Company, and acting for an on behalf of the wered;

(Page 3 of 5)

Execute Documents: To execute and deliver to Financial institution the form of Limited Liability Company Banking Resolution and other account opening documents submitted by Financial Institution, confirming the nature and existence of Account Holder and evidencing the terms of the agreement between Financial Institution and Account Holder.

Agent's Authority: Any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Company for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept draft and other items payable at the Financial Institution. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Company's accounts with the Financial Institution bearing the signature of any one of the Agents, as authorized above or otherwise, even though drawn or endorsed to the order of Any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

Further Acts: The above named Agents are authorized and empowered to execute such other agreements, including, but not limited to; special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of Account Holder may be deposited, collected or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of this resolutions.

Be it Further Resolved, that the authority hereby conferred upon the above-named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered and received by the Financial Institution at each location where an account is maintained. Financial institution shall be indemnified and field harmless by the Company from any loss suffered on any liability incurred by it in continuing to act in accordance with this resolution. Any such notice shall not affect any Items in process at the time notice given:

We Further Centify that the authorized signers name above are duly elected, appointed or employed by or for the Company as the case may be and occupy the positions set opposite their respective names; that the foregoing resolutions now stand of record on the books of the Company; and that the resolutions are in full force and effect and have not been modified or revoked in any manner whatsoever.

We have each read all of the provisions of this Limited Liability Company Resolution; and we each jointly and severally and on behalf of the Company certify and agree to its terms.

This Agreement is dated: 05/20/2009

Account Holder: PHOENIX CAPITAL MANAGEMENT LLC

By: By: By: Add B

Rev. 06/2008 TD Bankmorth & a trade name of TO Bank, N.A.

Page 2 of 2

Delaware

The First State.

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DECAMARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PHOENIX CAPITAL MANAGEMENT GROUP, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D. 2005, AT 1 O'CLOCK P.M.

4086984 8100 051076651

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4417328

DATE: 01-03-06

(Page 5 of 5)

State of Dalaware Secretary of State Division of Corporations Dalivered 02:01 PM 12/30/2005 FILED 01:00 PM 12/30/2005 SRV 051076651 - 4086984 FILE

CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

FIRST. The name of the limited liability company is PHOENIX CAPITAL MANAGEMENT GROUP, LLC.

SECOND. The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, Delaware, 19808. The name of its registered agent at such address is The Company Corporation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of PHOENIX CAPITAL MANAGEMENT GROUP, LLC this 30th day of December, 2005.

NAME: Keith R. Jones

Authorized Person